August 8, 2009 I am on Medicare due to serious life-threatening illnesses that are very complicated to treat. My 17 prescription drugs cost over \$6000 per month.

I recently saw my internal medicine doctor and he spent over 1 hour of his valuable time going over my current problems and treatment.

He billed \$179 but Medicare only approved and paid him \$58.66.

This would not even start to pay his office expenses.

He loses money every time he sees a Medicare patient.

It makes me ashamed to see him, knowing it will cost him money instead of earning an income on which to live.

My car mechanic and plumber charge 3-4 times what he received for one hour and they have basically no education.

He personally told me he is working twice as hard as 10 years ago and making less than 1/2 the money he made back then.

If Medicare's rates are used for national healthcare there will not be any doctors to treat the patients.

They have to be paid a sum that compensates them for their 12-years plus of post-graduate education.

The general perception is that doctors are getting rich while nothing could be further from the truth for the majority of physicians that accept Medicare.

Nathan
Indianapolis
, IN

August 8, 2009 Dear Representative Carson, I have health insurance. I use it to pay for lab work and screenings, but I now go to a Doctor of my choice and pay \$200-\$300 out of pocket per visit in order to get quality health care. If I need surgery or orthopedic repairs, etc. I know that my insurance will pay for a hospital and a great surgeon, however, if I need help with overall health, my Anthem insurance will not pay for quality. I have had autoimmune disease, mononucleosis and thyroid disease. This has led to problems with day to day functioning for years. Doctors have given me medication to get sound sleep and a dose of amphetamine for the morning so that I could get going and make it to work. I had just about enough energy to get through a work day.

needed someone who understood the endocrine system, I went to many Endocrinologists. I even went for 3 appointments with an Endocrinologist and never met her! I did talk to her assistant at all three appointments and she said there was nothing they could do. No one even examined me. I'm not sure why they made 2 more appointments with me after the initial one. What a waste of time and money! This happens over and over again.

This is the problem. Doctors don't have time and are not making enough money. I worry that my GP will make enough to keep his office open. I now go to a specialist in thyroid disease who is treating me successfully - but I have to pay him. I pay him well, but he's worth it. If my insurance worked as it should...many \$\$ could have been saved after 18 years of chronic illness.

A Government option I believe, should be part of the solution. I know there are many more issues. The medications I now take are not very expensive - I really don't need the fancy pants meds that cost a lot of money and make big profits. There are often more drug reps in doctors offices than there are patients. I've heard them talk about the things they do for Doctors - dinners, concert tickets, etc. My insurance company, however, is only willing to pay my doctor about \$50 for an office visit. What's with this new medication that will make your eyelashes longer?! Insurance may not cover it, but it cost us all for the drug company to develop and market it!

The government does do a pretty good job. We have a real mess in Indiana right now because of the privatization of the public assistance system. I told my husband the other day that I believe our Senators and Representatives DO work hard and are seldom given the credit they deserve as they face these difficult issues.

I trust you and I trust our President. PLEASE continue to work to make things better. People are scared. Change is hard. Do not give up!

Monday, 03 August 2009 00:00

Beth

Indianapolis , IN

August 6, 2009 Dear Congressman Carson, I am a primary care physician in Indianapolis. I strongly support President Obama's intent to make health care insurance available and affordable for all Americans. A public option is vital to prevent the large health insurance companies from continuing to do what they have been doing for many, many years provide the semblance of health care as a means to maximize profits and returns to investor, while deliberately and systematically trying to minimize or complete avoid coverage of medical costs for sick patients. If there is no public option, these insurance companies, such as Anthem Wellpoint, will continue to offer only high deductible, high co-pay insurance that discourages sick people from coming to see a doctor until they are extremely ill. When they finally go to the ER, they often require admission and surgery for a serious illness that could have been prevented with appropriate primary care. When they become disabled, because their disease(s) were not caught at an early stage, they lose their health insurance altogether and either die prematurely, or have to wait for a year and a half or more before they qualify for disability and get on Medicare. I have many patients who cannot afford to take essential medications, even though they have health insurance. I have had many patients who no longer see me because they have lost their health insurance, due to being laid off or changing jobs. This problem is going to affect more and more wo rking-class and middle-class Americans, as well as the poor.

It disgusts me that Republicans want to rely entirely on a market-based health insurance system to provide medical coverage. The health insurance companies make money on healthy people and lose money on sick patients. So, of course, they spend all of their time and energy figuring out how to avoid enrolling sick patients, and avoiding coverage once they do manage to enroll. Medicare has MUCH lower administrative costs, and is a good starting point for a public option. If patients don't want to enroll in it, then there is no threat to private insurance. If patients do want to enroll in it, it will be because it is a better option for them. Why not give patients the right to choose the better option, that may actually cover their medical costs when they are sick, and cover appropriate primary care, so they can avoid getting seriously ill?

Republicans do make a reasonable point that providing health care insurance to all Americans could be very expensive. The answer is to avoid medical care which is of no medical benefit, and only benefits the companies selling the product, and the doctors (usually specialists) who are providing it. We need to change the payment system, so that there is not such a big financial incentive for some doctors to provide medical care which is of unproven benefit, or even has been shown to be more likely to cause harm than benefit. A public option in which board-certified doctors are salaried, and=2 0judged on quality of care based on professional

standards, as well as patient satisfaction, would I think be the best solution. We also need a national medical review board, made up of the best and brightest experienced physicians, to review expensive treatments and medications and, based on all the reliable scientific evidence, make recommendations as to which ones have been shown to clearly produce more benefit than harm, and for which patients. Doctors should certainly be able to use their best judgment but treatments and medications that do more harm than good should not be paid for with public money. Finally, if the entire country had reasonable limits on medical malpractice like we have in Indiana, medical costs could go down.

I appreciate your efforts to support President Obama's proposed health care reforms. Our present health care system is by far the most expensive in the world per capita, but delivers mediocre public health results. Our citizens, especially those who are not currently making huge profits from the present system, deserve better.

John, MD Indianapolis, IN